CUSTOMER INFORMATION WORKSHEET

Primary Account Holder

Last Name:_____ **First:** _____ **Middle:**_____

Mailing Address: _____ **City/State/Zip:** _____

Physical Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone:**_____ **SSN:** _____

Email Address: _____

Date of Birth: _____ **Mother's Maiden Name:** _____

City/State of Birth: _____

Employer: _____ **Position/Title:** _____

Joint Account Holder (If Applicable)

Last Name:_____ **First:** _____ **Middle:**_____

Mailing Address: _____ **City/State/Zip:** _____

Physical Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone:**_____ **SSN:** _____

Email Address: _____

Date of Birth: _____ **Mother's Maiden Name:** _____

City/State of Birth: _____

Employer: _____ **Position/Title:** _____

Required Document(s): COLOR COPY OF VAILD ID

CUSTOMER INFORMATION WORKSHEET

Accounts and Services

Accounts that you currently use or are interested in:

- ☐ **Personal Checking Account**
- ☐ **Interest Bearing Checking Account**
- ☐ **Savings Account**
- ☐ **Debit/ATM Card**
- ☐ **Internet Banking**
- ☐ **Online Bill Pay**
- ☐ **Safe Deposit Box**
- ☐ **Consumer Loan**
- ☐ **Mortgage Loan**
- ☐ **Certificate of Deposit**
- ☐ **Individual Retirement Account**
- ☐ **Grow Savings Simply Program**
- ☐ **Other** _____